

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-874)

SERIAL NO.

10/ 560999

FILING DATE

2/13/2010

APPLICANT(S)

12/12/05 JMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3						1
4			1		1	
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20						1
21						1
22			1		1	
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						
31						
32						
33						
34						
35						1
36						1
37						1
38						1
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	30	←	30	←
TOTAL CLAIMS			33		33	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						